

## Annual Report 2003/2004



Royal United Hospital Bath  
NHS Trust





# Annual Report 2003/2004

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# Profile and our Commitment to the NHS Improvement Plan

## Profile

The Royal United Hospital Bath (RUH) is an acute hospital trust serving a population of 450-500,000 people living in Bath, North East Somerset, South Gloucestershire and Wiltshire. It works with four main primary care trusts (PCTs), Bath and North East Somerset PCT, Kennet and North Wiltshire PCT, Mendip PCT and West Wiltshire PCT. The primary care trusts are responsible for commissioning services on behalf of their populations.



The trust provides 672 beds and a comprehensive range of acute services that one would expect to find within a district general hospital – acute medicine, surgery, children's services, elderly care, intensive care and a full range of diagnostic and support services. It does not provide general maternity services which are provided by West Wiltshire PCT on the RUH site. In addition, the hospital provides a number of more specialised services; these have either been established over

time or have been developed as part of wider clinical networks with links to other hospital providers. Areas of specialty within the hospital are:

**Renal dialysis:** Provided as satellite from Bristol

**Specialist orthopaedics:** Provided as a stand-alone service

**Newborn intensive care:** Provided as part of a wider clinical network

**Radiotherapy and chemotherapy:** Provided as part of the Avon Cancer Network

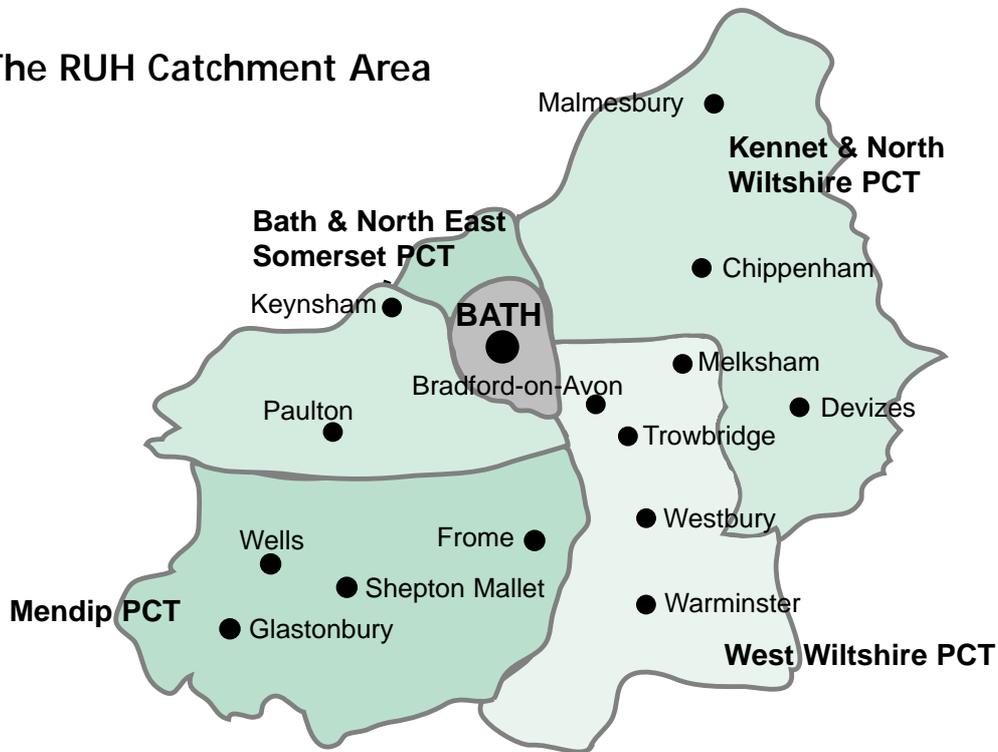
**Specialist cancer surgery:** Provided historically as stand-alone services, this is currently being reviewed within the context of the Avon Cancer Network.

The trust employs around 3,400 staff, some of whom also provide outpatient, diagnostic and some day case surgery services at community hospitals in Bradford-on-Avon, Chippenham, Devizes, Frome, Keynsham, Malmesbury, Melksham, Paulton, Shepton Mallet, Trowbridge, Warminster and Westbury. This fulfils part of the trust's aim to provide high quality care to people in their local communities.

## Vision and values

The Royal United Hospital is an organisation that wishes to be recognised as valuing the individual and acting in ways that demonstrate respect and dignity for patients, their carers and for staff. It is committed to doing its best and working to ensure the safety of all who use or provide its services. The hospital

## The RUH Catchment Area



is an organisation that can be trusted to do what it says it will do. These behaviours should be recognisable in the way in which each member of staff undertakes his or her job.

In August 2004, the trust was agreeing a new vision statement 'RUH: The best staff giving excellent care'. The trust was also agreeing with staff the values of the hospital; these include treating each other with respect, putting patient care at the heart of what we do, challenging ourselves and others to tell the truth, being willing to have our actions and decisions scrutinised by others and applauding loyalty, improvement and innovation.

### Commitment to the NHS Improvement Plan (2004)

The trust objectives in 2003/04 focused on meeting the aims of the national plan and reflected the local commitment to reduce waiting times for elective and emergency care. We were very successful in reducing waiting times especially in the emergency department as can be seen from page 7.

The trust's objectives for 2004/05 will enable us to deliver the Government's NHS Improvement Plan: Putting People at the Heart of Public Services. This plan will significantly reduce waiting times to a maximum waiting time of 18 weeks from GP referral to treatment. Whilst reducing waiting times, our staff will continue to provide excellent clinical care for patients and find ways to improve our services.



# Foreword by Chairman and Chief Executive

## A year of progress and challenge

We are pleased to be able to present the annual report for the Royal United Hospital Bath NHS Trust for the year 2003/04.

We hope that you will find this report easy to read. It describes what was quite a difficult year for the RUH. A year of transition, a year where the problems of the past were left behind and a new era of tighter management control, staff involvement and delivery of key targets began.



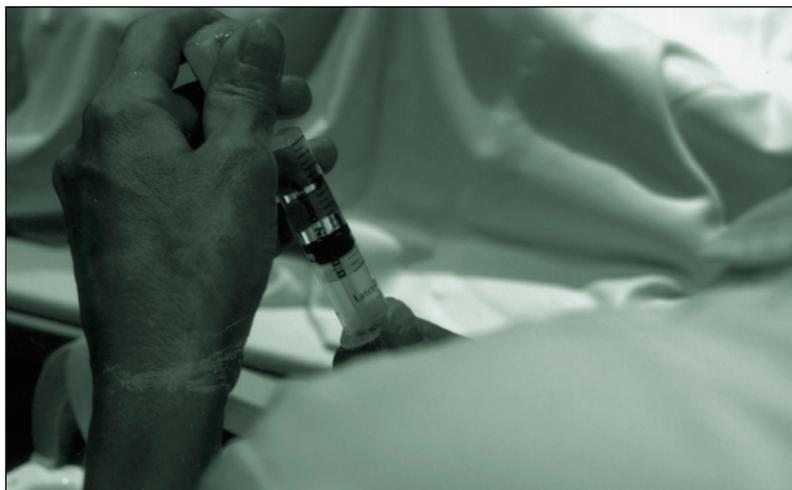
It was also a year of great change. During the year three different people held the post of chief executive: Jan Filochowski from April to July, Jenny Barker as acting chief executive from July to November. Our thanks go to them. Mark Davies joined the trust as substantive, permanent chief executive in November.

In terms of leadership, other than the key task of appointing a permanent chief executive, there was an urgent need to complete the recruitment of the senior top team. This was successfully achieved. John Williams was appointed to the post of director of finance, Brigid Musselwhite to the director of planning and strategic development post, and Lynn Vaughan as director of human resources. The trust now has a complete top team of experienced executive directors for the first time in some years: this bodes well for the future.

Whilst recognising that 2003/04 was a year of transition and the laying of foundations, it was also a successful year in terms of operational management and the provision of clinical services. Highlights outlined later in this report include:

- The delivery of key waiting time targets
- The establishment of a management board and the closer involvement of clinicians in the management process
- The continuation of the development and implementation of new policies and procedures in all areas of the Trust including clinical governance, financial and waiting list management and business planning
- The engagement of the hospital in the wider health and social care community
- Once again, the good clinical results published in the Dr Foster's Good Hospital Guide and the ITU national audit showing that the hospital is one of the safest in the country
- The delivery of a very difficult cost improvement programme of around £6m.

None of this would be possible without the magnificent effort of all our staff. We would like to take this opportunity to publicly thank them for all their hard work, enthusiasm and professionalism.



We hope this report demonstrates that significant progress has been made but we also recognise that there is still some way to go to ensure that the trust is seen as one of the premier hospitals in the UK within five years.

Key issues for 2004/05 include:

- Delivery of a very large financial recovery plan of £11.5m in order to achieve recurring financial balance
- Continuing to deliver waiting times and other key targets
- Continuing to develop methods of communicating with and listening to all members of staff including involving them in the broader decision making processes
- Working more closely with health and social care partners and the patients and public via the trust's patient and public involvement (PPI) policy.

This work is already paying dividends. As of September 2004, the trust is one of the best performing in the country in terms of the A&E four hour waiting time target and is currently on plan to deliver the key inpatient and outpatient waiting time targets at the year end. The trust is also committed to delivering financial balance by 31st March 2005.

It is hoped that this foreword gives you a flavour of the challenges faced by the trust but also the substantial progress made during the year in question. We feel that staff and all the patients that we serve across our wide geographical area should feel optimistic about the future of the hospital and our desire to continue to provide a wide range of high quality services for the residents of Bath, Gloucestershire, Somerset and Wiltshire.

**Mike Roy**, Chairman

**Mark Davies**, Chief Executive

**Mark Davies**, Chief Executive

## An Overview of the Year 2003/2004

2003/04 was certainly a challenging year but one during which great progress was made; the year ended with the trust successfully meeting all its key access targets. In particular, a huge amount of effort from our staff and healthcare partners resulted in the trust achieving the Government's target that 90% of patients attending the emergency department should be treated, and admitted or discharged within four hours.

The trust was rewarded for its efforts later in July 2004, when we received a one star rating in the Health Commission's Performance Ratings for the year 2003/04 – a significant improvement compared with the previous two years.

Throughout the difficult times and into the improving times, the clinical care we provide for our patients has been rated amongst the best in the country. The 2004 independent reports of Dr Foster and the Intensive Care National Audit Research Centre gave evidence of this, as did the many thank you letters from grateful patients and the letters of thanks published in local newspapers.

During each consecutive year, the RUH is treating more emergency patients, and 2003/04 was no exception. The following figures indicate the route our patients took to receive their treatment:

- 61,378 patients (compared with 53,611 in 2002/03) attended the emergency department and there were 30,139 emergency admissions (24,112) in 2002/03)
- 8,347 patients were admitted for elective surgical procedures
- 22,279 patients were treated for day case elective surgical procedures
- 247,429 patients were seen in our outpatients departments.

In February, the trust was commended for its exemplary waiting list management having come from a position where local and national headlines reported that we were the worst trust in the country to being a one star trust.

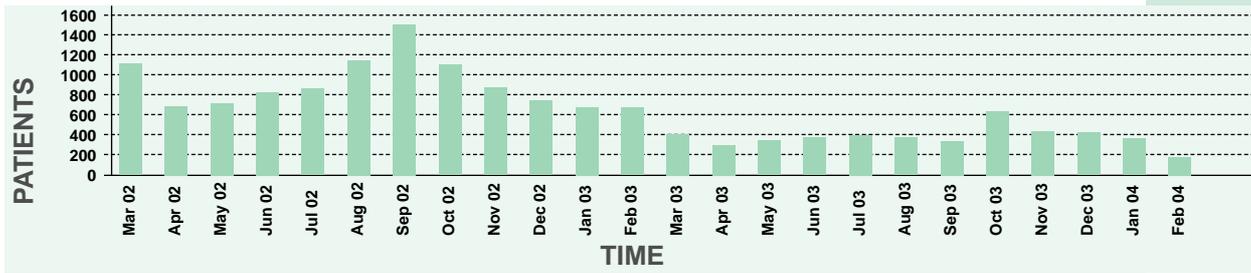
RUH clinicians and managers along with our local health and social care partners worked together to find better ways of delivering healthcare services at the RUH and significantly reducing the costs of the organisation whilst still maintaining high quality care.

The first phase of a transformation plan saw the opening of a new medical assessment unit in April 2004, with two consultant acute physicians jointly managing the unit with a third consultant appointment planned for later in the year. Patients transferred to the unit from the emergency department may stay in the unit for up to two days and can expect faster diagnosis and treatment of their condition.

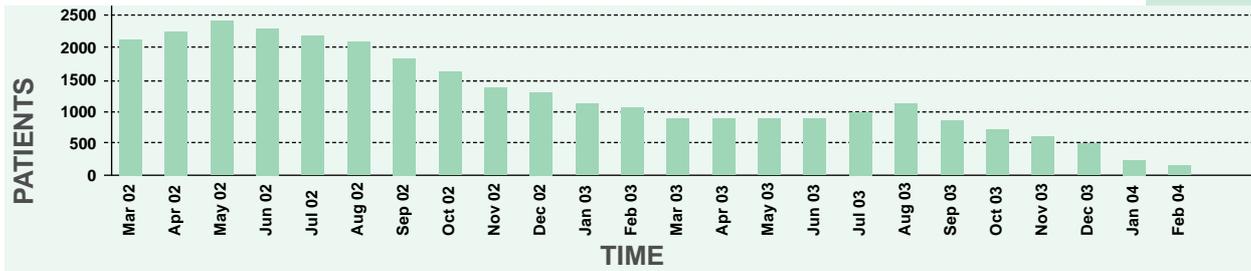
The trust continued to provide seven day working to give patients better access to diagnostic facilities and treatments. This means that our patients receive more effective and efficient treatment which reduces the amount of time they spend in hospital.

# Progress towards meeting the year end targets

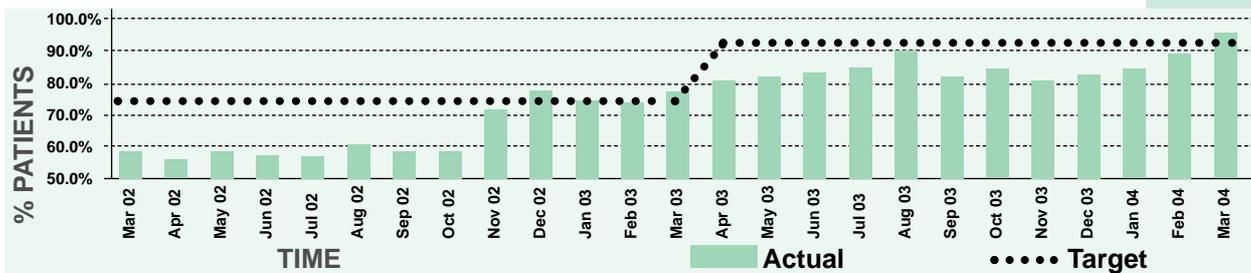
## Progress towards maximum wait of 17 weeks for outpatient appointments



## Progress towards maximum wait of 9 months for elective inpatient and daycase admission



## Progress towards 90% of patients attending A&E being treated, admitted or discharged within 4 hours



## Progress towards reducing cancelled operations and maximum 30 minute outpatient clinic wait

Additional Indicators	Q1 03/04	Q2 03/04	Q3 03/04	Q4 03/04
Cancellations as % of elective admissions	1.5%	1.8%	1.3%	1.5%
30 minute outpatient clinic waits	68.4%	72.1%	69.9%	74.1%

We had begun the year on a positive note, although our poor financial position and the Government's target for total time in A&E, remained cause for concern throughout much of the year. However, staff and local healthcare partners worked extremely hard to meet these challenges. By the end of the year, (although further work needs to be done before the trust is in a position to break-even) we had regained some control of our finances and had successfully met the Government's four hour A&E target.

## Putting Our Patients First

Despite the pressure to meet government targets during 2003/04, our staff worked hard to ensure that the quality of patient care remained high. This was reflected in both the Dr Foster Report in the Sunday Times when the trust was judged the sixth safest hospital in the country and in the continuous audit of mortality rates in intensive care carried out by the Intensive Care National Audit Research Centre.

### Developing and improving our services

As a trust, we are listening more than ever to our patients before making decisions about how best to develop our services. We are continually trying to better the routes through which we listen to patients which include the following:

**Patient and public involvement forum:** In December 2003, the local community health council was replaced by an independent group called the



RUH Bath Patient and Public Involvement Forum (telephone 01225 701120). The role of the forum is to monitor and review the services provided by the hospital from a patient's perspective. The forum has already begun working closely with the trust; in particular, discussions have taken place regarding basic nursing care.

**Cancer user group:** Established in November 2003, the group's aim is to contribute to the development of

cancer care at the hospital. The group has already helped to develop plans for a new cancer information resource centre by contributing to the choice of information that will be available to patients and their carers, and in the development of interactive web pages. The centre is due to open later in the year.

**Patient surveys:** Feedback from our patients provides opportunities for us to improve our services. For example, in July 2003, the Commission for Health Improvement (now the Healthcare Commission) published the results of the emergency department patient satisfaction survey. The department scored above average in many important areas and our patients remained very positive about the clinical care they had received. The survey provided useful feedback and helped our emergency services staff to plan further improvements.

**Patient advice and liaison service:** During 2003/04, 480 patients, relatives and members of the public contacted the patient advice and liaison service (PALS) to offer suggestions, find out information and find solutions to some of their concerns about services. Our PALS service is advertised in leaflets throughout the hospital and the community, and via the PALS web pages on the hospital website ([www.ruh-bath.swest.nhs.uk](http://www.ruh-bath.swest.nhs.uk)).

**Patient complaints:** During 2003/2004, the trust received 470 formal complaints – a significant drop compared with last year's 610. This reduction also takes into account the increase in the number of patients seen within the trust in order to meet the challenging Government waiting time targets. 99.5% of complaints were acknowledged within the Government's target of two working days, again an increase from last year's 98%.



The trust fully responded to 50% of complaints within the target of 20 working days. This figure is a reduction of 7% on last year; however, it does reflect the increase in the complexity of some investigations required and our current practice of fully investigating all the issues raised by the complainant as well as checking the accuracy and content of each response letter. The complaints department is currently reviewing procedures to improve our performance in meeting this 20 working day deadline.

During 2003/04, eight complainants requested an independent review, three of which proceeded to a review panel. The Government's complaints ombudsman requested papers on three cases, fully investigating one, taking no further action on a second

and is considering the third. From August 2004, complainants remaining dissatisfied with our final response will have the right to refer their complaint to the Healthcare Commission - an independent body established to promote improvements in healthcare.

**Letters of compliment:** We are immensely grateful to patients who express their gratitude to our staff for the excellent care they receive; we need to know when we are doing things right as well as when we are not. The donations to ward funds, small gifts for staff and the steady stream of thank you letters published in our local press are an enormous boost to staff morale.

## Improving our patients' stay

**Modern matrons:** As well as making sure that we provide quality services, we need to ensure that they are provided well and in the best environment. To help us to do this, we appointed 10 modern matrons during 2003/04, and a final appointment was made in April 2004. The trust now has 11 modern matrons who cover all clinical areas in the hospital. The modern matrons act as a point of contact for patients and staff, and look at all aspects of patient care including cleanliness in the wards; they encourage practices to support improvements in patient care and other standards in the wards and departments.

**Essence of care:** The Government's Essence of Care initiative provides a patient focused approach to improving patient care. It is not just about nursing; it is also a key part of much of the work that goes on in our hospital. During 2003/04, the essence of care work undertaken in the hospital has led to many improvements in patient care including the development of a mental health resource file, improvements in catheter care, development of nutritional assessments, acquiring patient views through audit, improving privacy and dignity, and recognition of the importance of the environment to patient well being.



**Patient environment:** The trust has made significant improvements to the patient environment and as a result, received Green Hospital status for the second consecutive year. Our new emergency department - opened in June 2003 - was inspected by the Patient Environment Action Team (PEAT) in January 2004 and awarded the highest possible score. The report commented on the excellent design of the unit and that the department is a role model for the NHS.

In addition to the well equipped fully refurbished medical assessment unit which opened in April 2004, major patient environment improvements include a new blood testing clinic, cancer day care facility, Macmillan

nurse palliative care clinic and radiotherapy simulator clinics. Our newborn intensive care unit was also redesigned and fully refurbished. The trust also met the Government's target for privacy and dignity by providing single sex wards and separate bathroom and toilet facilities six months ahead of the target date.

In February, a sculpture called The Journey designed by local artist Edwina Bridgeman was installed in the hospital's atrium: it is a symbol of hope for visitors, patients and staff to enjoy. Made from recycled materials, the sculpture was commissioned for the trust by the RUH arts strategy group and funded by the South West Arts regional arts Lottery Programme.

## Making our hospital safer

**Clinical governance:** To reduce the risk of injury to our patients and staff, clinical governance and plans to improve the quality and safety of patient care are key to the delivery our services. A new clinical governance reporting framework has been introduced to support staff in reporting issues relating to clinical governance.

**Risk management:** The good news for our patients is that external assessors say we are getting better at managing risks that patients are exposed to. With the help of an additional clinical risk manager and our risk management team,

the trust is meeting our clinical safety standards, saving over £250,000 in insurance premiums. The trust also acts as a pilot site for a national incident reporting programme which means anonymous data is sent to a central database so that it can be compared with data received from other hospitals in the country. The results are so far encouraging and hospitals across the country are able to share solutions to problems. The investigation of incidents that occur in clinical situations at the RUH has led to many improvements in clinical practice. For example,



additional doctors have been appointed to review emergency medical patients, and a review of storage of nursing related documentation is planned to ensure notes remain confidential and secure but also accessible.

**Health and safety:** In February 2004, an external audit was carried out to assess whether the trust was complying with health and safety systems and legislation. The audit highlighted the trust's strengths and weaknesses in areas including violence and aggression, and contributed towards the development of the health and safety plan for 2004/05. Although more work needs to be done to further improve some areas, the Health and Safety Executive agrees the trust is compliant in this area.

**Infection control:** In February, the trust reported a single case of Legionella infection. The relevant external agencies were informed immediately and staff were quick to ensure that all appropriate steps were taken. The trust worked closely with the Health Protection Agency and the Health & Safety Executive to identify any areas where further improvements were needed. We have learned lessons from this case and will continue to follow any recommendations or guidance we receive from the external agencies.

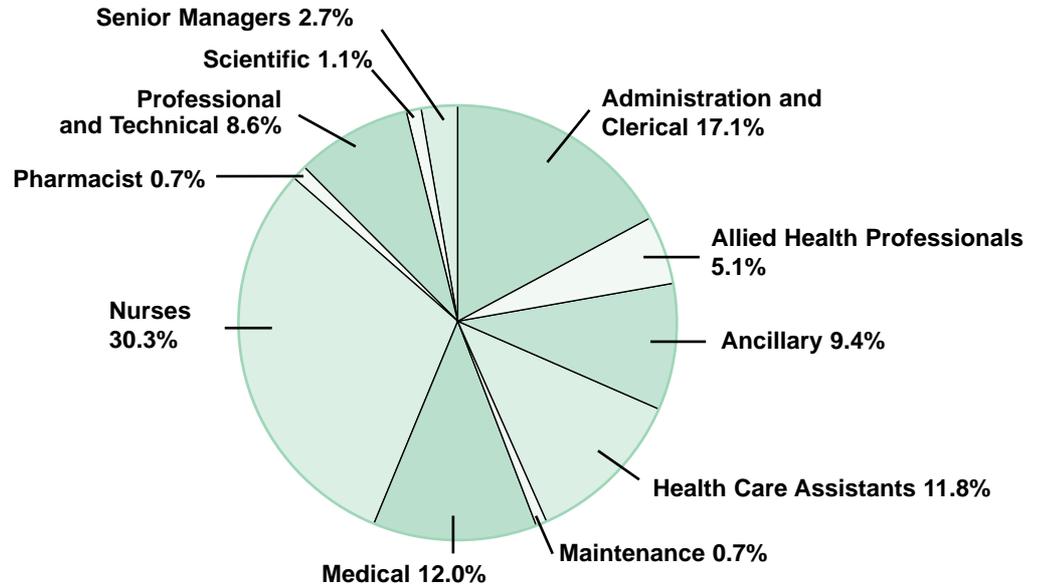
During the year, the infection control team revised its infection control policy with a particular focus on minimising the incidence of healthcare associated infections, for example MRSA, through rigorous and frequent hand washing procedures. In January, the team held an infection control awareness week providing information to help staff reduce the incidence of healthcare associated infections by putting their hand washing skills to the test.

**Major incident plan:** In April, the trust carried out a successful major incident simulation exercise with the aim of testing the hospital's communication systems in the event of a real major incident. The lessons learned from this exercise made a valuable contribution towards revising the trust's major incident plan later in the autumn.

## Our Fantastic Staff

The ultimate aim for all our staff whether they work on the wards, in our kitchens, in our offices or in our laboratories, or anywhere in the hospital, is to provide a high quality service for our patients. To achieve this it is essential that the trust aims to provide staff with good working conditions, good training and development opportunities, information and involvement. It is also essential that the trust works hard to recruit and retain its staff.

### The make up of our workforce (whole time equivalent)



### Communication and staff involvement

During the year, we benefited from good working relationships with our unions and staff associations via the trust consultation and negotiating committee, its sub-groups, and the local medical negotiating committee.



Both committees have met regularly with management to discuss organisational plans and finances, and to agree a range of policies. These relationships have been strengthened through the year particularly through the close partnership work on Agenda for Change - the new national NHS pay system.

Towards the end of the year, we established arrangements for implementing Agenda for Change and set up a number of strategic and operational groups to plan and carry out the work required. All the groups have made good progress and have active participation of staff side organisations, with the chair of staff side sitting on the trust steering group.

During the year, we continued with our aim to improve communication with staff. The trust uses a variety of mechanisms to provide regular briefs including open staff meetings held by the chief executive or other senior managers, ad hoc and weekly email updates, and departmental communication leads. In addition, staff contribute to our bimonthly hospital magazine Grapevine, which is well received. Work also continues to improve our well-developed Intranet website which enables staff to access up to date information on policies and projects.



### **Flexible working and childcare**

During the year, the trust developed and implemented policies on flexible working and leave, and appointed a childcare co-ordinator who has provided advice to new and existing staff on childcare facilities. The trust will be exploring further childcare options including holiday play schemes.

### **Bath Health and Social Care Academy**

During the year of this report, plans were developed for the building of a new Health and Social Care Academy, the hub of which will exist on the hospital site. This exciting venture is the result of a partnership between the RUH and the Universities of Bristol and of the West of England. Among the new facilities will be a modern library for all staff and a clinical skills training suite.

The academy will help meet the Government's aims to both expand the numbers of nurses and doctors being trained, and to encourage lifelong learning and wider career opportunities for all staff working in the NHS. The number of undergraduate medical students on placement in the Bath area will double over the next three years to about 75.

One of seven similar developments in the West, the academy will encourage team-based learning across the range of health and social care professions. A network of learning points and an internet presence will allow the academy to support learning in more remote locations in the Bath area.

### **Return to nursing**

The trust continues to work in partnership with Bath, Mendip & Wiltshire NHS Trusts and Bournemouth University to provide a return to practice programme for nursing staff. The programme is highly successful in returning qualified nurses to employment within the local health community. Since 1999 a total of 158 students have successfully completed the Programme and of those 88 were on placement at the RUH.

## Research and development

Research and development (R&D) improves evidence-based practice, is necessary for training of many staff and attracts and helps to retain highly skilled employees. The RUH carries out a lot of research and development in areas including, medical physics, orthopaedics, vascular surgery, gynaecology, gastroenterology, diabetes & endocrinology, paediatrics and oncology with a large number of clinicians publishing their work in medical journals.



Examples of particular interest and importance are the research into the development of 3-D ultrasound scanning for breast cancer resulting in better resolution of tumour development and improved diagnosis, and the development of microwave technology for use both in vascular surgery and in gynaecology. In the latter, appropriate surgical hysterectomies are made unnecessary using microwave treatment; patients can be treated

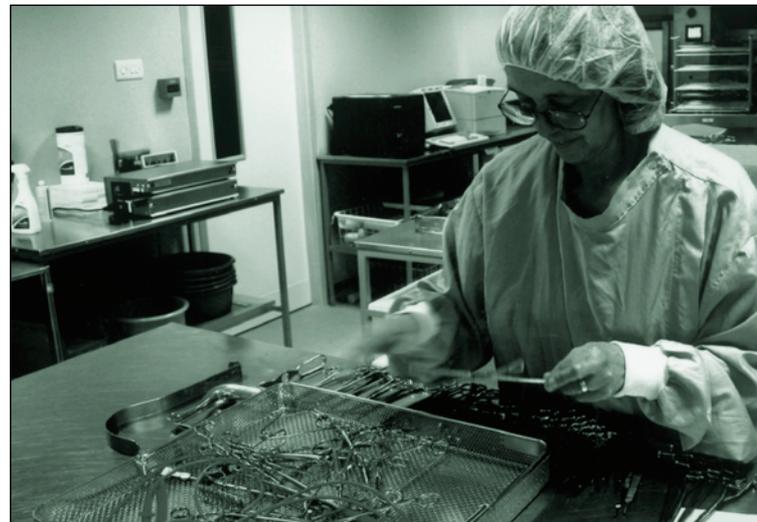
in day surgery under local anaesthetic and the technique has a success rate of over 90%.

There are 61 current ongoing research proposals registered with the National Research Register for this trust not including any commercial research undertaken within RUH. Commercial research provides extra income for the trust both to support the costs incurred by the hospital and to support other RUH research projects. This level of research activity in a district general hospital is a considerable achievement and reflects the high level of research activity within the trust.

## Equality & diversity

During the year, we established an equality and diversity group as part of the Government's Improving Working Lives initiative; this group has started to review relevant policies and practices. A mandatory diversity training module continued to run throughout the year.

We employ a multi-national workforce and are developing policies to accommodate the additional needs of some of our staff including building language skills and provision for on-site religious observances. A senior practice development nurse was



appointed to address practices in an area with particular development needs and we have identified staff as mentors for the black and ethnic minority mentoring scheme. Focus group meetings have been held to listen to the needs of these staff and help to improve their experiences. Recruitment of nurses from Spain and doctors from a number of overseas sources has helped to build our workforce and enabled us to provide good patient care. The trust has a number of overseas nurses including staff from India, the Philippines, Australia, New Zealand, Germany, Switzerland and America.

During 2004/05, we will be undertaking an audit of our race equality scheme using the strategic health authorities framework to assess our progress in implementing the scheme and further action required. We will be commissioning further diversity awareness training using e-learning in conjunction with other healthcare partners in order to extend the coverage of our training. The effectiveness of this training will be evaluated as an integral part of the package. Improved arrangements will be introduced to monitor achievement of equal opportunities during recruitment and selection activity and in access to training & development. Similar monitoring of harassment and bullying cases will be undertaken.

## Disabled employees

In 2003/04, we maintained our Disability ✓✓ status.

The trust's recruitment and selection policy provides for disabled employees to be interviewed if they meet the essential criteria for the post. Our occupational health service has an important role in ensuring that employees who develop a disability are supported to continue working with reasonable adjustments made to their work. A number of members of staff have been helped in this way.



## Our healthy staff

A strong occupational health team supports and helps to maintain the health of the hospital workforce. In March, the team organised the sixth and final RUH team for the annual Bath half marathon; the occupational health department will be seeking new challenges in 2004/05 to test the fitness of the hospital staff. The employee assistance programme, which provides counselling and information for staff, launched its new independent mediation service in February. Through this trained mediators are available to help members of staff to resolve conflict and to create a better working relationship. The service is available to individual members of staff or through management or human resources. The occupational health management team is developing a strategic plan for the development of occupational health services for the hospital and for other work places within Bath and West Wiltshire.

# Our Generous Volunteers

## The League of Friends



26 years ago the Friends opened their first general shop - a kiosk in the old main entrance. They now have a shop open seven days a week in the hospital's main entrance and here they happily continue to break all previous trading records. 20 years ago, in response to a request for a coffee shop, the Friends bought a portacabin, which was quickly outgrown and this was followed by their first conservatory coffee shop. This is enormously popular with patients, relatives and staff; the traders shop next door also offers all kinds of bargains five days a week. 17 years ago, the Friends were asked to provide volunteer teams on the wards and clinics to assist with patient refreshments. From the first team of 12 this grew to a large army of over 300 volunteers helping in numerous departments throughout the hospital.

During the last financial year, the Friends promised over £500,000 to provide vital amenities needed to benefit patients and relatives throughout the hospital. They have also raised extra funds with several popular jazz evenings, the Christmas fair and the annual garden fete. The Friends now have paid staff to lead the volunteer teams working in their shops, on the wards and as guides; after many years of loyal service, some are now retiring and new volunteers are always needed. All our volunteers are dedicated in supporting their local hospital of which they are justly proud.

## The Forever Friends Appeal Team



This past year has seen a wide range of equipment being purchased for many different departments. The breast unit has benefited from an ultrasound scanner and multi-viewer, assisting with the diagnosis of breast cancer. The urology department has also received diagnostic equipment. Theatres have received equipment to assist in specialised orthopaedic surgery and more equipment is in the pipeline. The appeal team has also ordered equipment for the respiratory unit, the Medlock neurology unit, the newborn intensive care unit and many more. Additionally, charitable trusts have enabled us to purchase bladder scanners for the older people's unit and for patients suffering from multiple sclerosis.

The appeal has now raised and helped secure almost £4.8 million since it began its work in 1999. This is thanks to all those who have so generously donated especially our patients, their families and friends, many of whom are grateful for the care at the RUH and thanks to all those who have taken part in events including the Bath Half Marathon and Ted's Big Day Out! (TBDO!) which raised just over £65,000 this year. Staff were delighted when Mike Catt, one of the World Cup Rugby Squad visited the hospital and presented the TBDO! awards.

Special thanks must go to the splendid fundraising volunteers who happily undertake some of the more time consuming tasks on a regular basis - without their hours of support, fundraising for the appeal would be considerably more difficult.

## Bath Cancer Unit Support Group

The hospital hosted a very successful event in February to mark the official opening of a cancer day care facility and to recognise the wonderful support provided by the Bath Cancer Unit Support Group (BCUSG). The group donated over £310,000 – a staggering sum which was not far short of the total cost of the building project. The event brought together the Mayor of Bath, the Mayor of Trowbridge, the Chair of BANES Council and Bath Rugby stars as well as branch chairs and trustees of the BCUSG and also those from local organisations including Bath Police and Bath Spa University College. Cancer services staff, the hospital chairman and hospital managers were also present and there was a definite sense that all were very committed to working towards the same goal – to provide the very optimum in cancer services for patients in Bath, North East Somerset and Wiltshire.



Thanks must go to chair of the Trowbridge branch of the BCSUG Tino Polledri and chair for the Box branch Gordon Hall who continue to encourage their fundraising teams. October saw the formation of the Bath Branch of the BCUSG under the chairmanship of Carol Williams. The group has already secured several thousand pounds in its very short existence – a tribute to the new team and to the very generous people in Bath who have no doubt - like their counterparts in Trowbridge and Box – been spurred on, having either experienced or cared for someone who has suffered from cancer.

## Bath Hospital Radio

Bath Hospital Radio celebrated its 40th anniversary shortly after this financial year. The charity was founded in May 1964 and since then the volunteers who run the radio service have visited patients and played their requests. Since January 2000, the service has been running 24 hours a day, providing news, information and favourite music directly to the bedside radios.

Nearly 50 people volunteer for Bath Hospital Radio, helping to fund-raise to keep the station on air, presenting programmes and visiting wards. Earlier this year, three of the presenters won awards at the National Hospital Radio Awards for their programmes and the station was voted among the best in the country.



### ***And a big thank you to everyone else...***

In addition to the fundraising achievements of the groups mentioned here, the trust acknowledges the kind contributions of many individuals and organisations in the form of donations, legacies and fundraising events. The efforts of local people have hugely contributed to the quality of care this hospital is able to offer; many may experience this for themselves – along with their families and the rest of the population of Bath, North East Somerset and Wiltshire.

## 12 months at the Royal United Hospital



### April 03 Reducing wait times for CT scans

By moving to a 7-day working service and dramatically improving access to CT scanning for all patients in the Bath health community, the radiology department greatly reduces unnecessary delays for patients awaiting CT scans.



### May 03

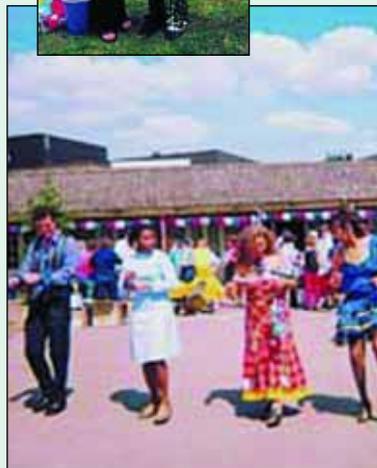
#### Improving treatment for urology patients

The RUH is awarded national funding from the NHS Modernisation Agency's Action on Urology programme to improve access to treatment and quality of care for urology patients in the Bath area.



### June 03 New emergency department opens

The new purpose built emergency department was designed by hospital staff and primary care colleagues. The new department enables staff to treat patients more efficiently in a very modern environment and to cope with the steady rise in the number of patients requiring emergency treatment.



### July 03 New cancer day care facility opens

The Bath Cancer Unit Support Group raises more than £310,000 towards a new enlarged treatment room, which now enables a greater percentage of haematology and oncology patients to receive their treatment as outpatients.

### August 03

#### League of Friends garden party

The sun shines down on a colourful scene at the League of Friends garden party. The day is a great success raising more than £10,000 for patient comfort and amenities.

### September 03

#### BIME celebrates 35 years

The Bath Institute of Medical Engineering (BIME) celebrates 35 successful years providing excellent engineering ideas for the design and development of new medical equipment. Many tens of thousands of patients and disabled people have benefited as a result of its work.



**October 03**  
**National Vocational Qualifications (NVQ)**

Training continues throughout the year; the trust adds NVQs in level 2 pharmacy, and level 2 customer service and support service to its portfolio. The trust holds a successful award ceremony; candidates achieving level 2 and level 3 awards attend along with NVQ level 3 award holders who have gone on to do nurse training or higher grade roles within the trust.



**December 03**  
**Emergency surgical Nurse Practitioners**

These senior nurses work closely with the emergency department to successfully coordinate the care of surgical admissions ensuring patients speedy admission and access to theatre.



**February 04 An independent voice for patients**

A patient and public forum was established to undertake a programme of work on behalf of the local health community, monitoring and reviewing day-to-day service delivery by the trust from a patient perspective.

**November 03**

**Achieving Green Hospital status**

After successfully achieving Green Hospital status in 2002/03, this year the trust is allowed to carry out a self-assessment of cleaning and environmental standards. An inspection was carried out in conjunction with the Community Health Council which shows even better standards than those achieved a year ago.



**January 04**

**Recruitment of Spanish nurses**

A special welcome is arranged for the latest Spanish nurses to be recruited at the RUH - they are invited to attend a civic reception at the Mayor's parlour.



**March 04**

**New medical assessment unit prepares to open**

The first phase of the trust's transformation plan - the new unit opened in April 04 providing emergency patients with rapid access to essential tests and senior doctors who will decide what treatment is required and whether a patient needs a hospital bed.

## Trust Objectives 2004/05

The hospital is focusing its 2004/05 objectives on ensuring significant improvement is made in the areas of patient and staff safety, emergency care and financial management.

Full details of these objectives are available from the chief executive's office (contact details on page 21) or alternatively can be found in the May 2004 board papers at [www.ruh-bath.swest.nhs.uk](http://www.ruh-bath.swest.nhs.uk). Staff have personal objectives that directly contribute to these organisational priorities. Below are details of key trust objectives for 2004/05:



### Patient and staff safety

1. Reduce healthcare associated infection rates by 5% - with particular attention being given to MRSA and Clostridium Difficile in elective surgery inpatients.
2. Improve standards of patient care in areas indicated within the essence of care benchmarking standards as evidenced by a 10% reduction in patient complaints relating to these aspects of patient care.
3. Ensure adequate training for all appropriate staff in areas of manual handling, needle-stick injuries as evidenced by an increase in availability of training, and a 10% increase in uptake of mandatory training.

### Effectiveness

4. Deliver the 98% target for four hour A&E 'total experience' by December 2004.

### Efficiency

5. Ensure a break-even position on income and expenditure for 2004/05.



### Hospital development

6. Develop a Patient Choice strategy that enables the Royal United Hospital to safeguard its position as the hospital of first choice for its 'natural' catchment population, including the internal financial changes necessary to implement the new system of Payment by Results (PBR).

## If you want to know more

If you would like to know more, or to comment on our plans, please write to the chairman **Mike Roy** or our chief executive **Mark Davies** at:

Royal United Hospital Bath NHS Trust  
Combe Park  
BATH  
BA1 3NG

Telephone: 01225 824033

Fax: 01225 824304

E-mail: [info@ruh-bath.swest.nhs.uk](mailto:info@ruh-bath.swest.nhs.uk)

Website: [www.ruh-bath.swest.nhs.uk](http://www.ruh-bath.swest.nhs.uk)

### Let us know what you think...

The report has been produced for the people of Bath, North East Somerset, Gloucestershire and Wiltshire and for those who outside our catchment area who are also interested in what goes on in our hospital.

We value your comments and encourage feedback about this report. Information received from you will be used to further improve next year's report. Please contact the communications manager Jane Farmer directly on 01225 825849 or via email on [jane.farmer@ruh-bath.swest.nhs.uk](mailto:jane.farmer@ruh-bath.swest.nhs.uk) if you would like to share your views.

Royal United Hospital Bath NHS Trust - Annual Accounts 2003/04

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### Financial Performance 2003/04

The Trust faced another challenging financial year in 2003/04. The deficit recorded in 2002/03 of £24.8m was not required to be recovered in the 2003/04 financial year, but many of the issues which created this deficit remained into 2003/04.

This deficit of £24.8m forms part of a retained deficit of £34.9m which is made up as per the table below.

	<b><u>ACCUMULATED DEFICIT</u></b>		
	<b>Accounts</b>	<b>PPA</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>
1992/93	(767)	(1,957)	(2,724)
1993/94	(324)	(352)	(676)
1994/95	(2,545)		(2,545)
1995/96	(586)		(586)
1996/97	(777)		(777)
1997/98	(722)		(722)
1998/99	(478)		(478)
1999/2000	(543)		(543)
2000/01	(336)		(336)
2001/02	2,079	(837)	1,242
2002/03	(24,784)		(24,784)
2003/04	(1,968)		(1,968)
Total	<u>(31,751)</u>	<u>(3,146)</u>	<u>(34,897)</u>

PPA stands for Prior Period Adjustment. These are technical accounting adjustments, generally made as a result of a change in accounting policy, which have been made in a financial year but affect the results reported in previous financial years.

The Trust had a challenging savings target in 2003/04 of £6m that was achieved. Changes to the level of income that had been expected from commissioners during the year, and increasing cost pressures involved in meeting government access targets meant that the Trust recorded a deficit of £1.97m for the 2003/04 financial year.

### Financial Targets

As well as controlling income and expenditure in order to break even in the year, the Trust had other financial targets to meet in 2003/04. Brief details of these targets and how the Trust achieved them are set out on the following pages.

## Royal United Hospital Bath NHS Trust - Annual Accounts 2003/04

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### External Financing Limit (EFL)

The EFL sets out the amount of cash that the Trust is expected to hold at the end of the financial year. To meet the EFL, the Trust must manage its cashflow and borrowing requirements. During the 2003/04 financial year the Trust was able to manage within its cash requirements, but as a result of the reversal of the £19m borrowing from 2002/03, the Trust recorded a technical variation of £19m.

### Capital Resource Limit (CRL)

The CRL is the amount that the Trust can invest in fixed assets during the year. In 2003/04 the Trust underspent its CRL by £6,000.

### Capital Cost Absorption Rate

The Trust is required to make a return on the assets it employs of 3.5%. In 2003/04 the Trust achieved a return of 3.02% which was within the agreed tolerance of 0.5%.

### Breakeven Duty

The Trust is required to break even over a three year period, or over a five year period by agreement, as is the case between this Trust & the Strategic Health Authority. The Trust's cumulative deficit for the purposes of measuring performance against its statutory duty to breakeven was £26.8m at 31 March 2004. This deficit must be recovered by way of surpluses by 31 March 2007. The Trust is in negotiation with the Strategic Health Authority and the Department of Health as to how these surpluses can be achieved.

### Management costs

The Trust is required to record its management costs according to parameters set by the Department of Health and to state these in relation to relevant income.

	<b>2003/04</b>	2002/03
	<b>£000</b>	£000
Management costs	<b>7,005</b>	6,810
Income	<b>141,185</b>	114,066

Management costs and related income figures are as defined in the document 'NHS Management Costs 2003/04' which can be found on the internet at <http://www.doh.gov.uk/managementcosts>.

### Better Payment Practice Code

Previously known as the Public Sector Payment Policy, this regulates the Trust's creditor payments so that the majority of bills are paid within 30 days. The table below shows the Trust's performance against this target.

Better Payment Practice Code - measure of compliance

	<b>2003/04</b>		2002/03	
	<b>Number</b>	<b>£000</b>	Number	£000
Total bills paid in year	<b>79,352</b>	<b>44,641</b>	47,539	43,648
Total bills paid within target	<b>44,537</b>	<b>26,236</b>	32,185	27,912
Percentage of bills paid within target	<b>56%</b>	<b>59%</b>	67.70%	63.95%

**Future Financial Performance**

The Trust's income and expenditure plans have been determined for the next two financial years through the Local Delivery Plan. This means that the Trust is facing further savings programmes in order to achieve a recurrent break even position by the second year (2005/06). In 2004/05 these savings amount to £11.5m

The main risks to the Trust's achievement of its financial objectives in 2004/05 are the repayment of the overspending in 2003/04, and the cash management/brokerage needed to cover the £35m accumulated deficit. As stated above the Trust is committed to meeting its identified savings target and is seeking to secure its income streams through robust Service Level Agreements and initiatives such as payment by results. This is a national funding framework which will ensure that the Trust is paid for the activity it undertakes and has a phased implementation beginning in 2004/05.

The Trust is actively working with AGW SHA and its commissioners to achieve its planned in-year breakeven position for 2004/05, based on income agreed for the financial year.

**Future Capital Expenditure Plans**

The Trust's planned capital expenditure for 2004 /05 is £7m. Major projects within this include the creation of a Clinical Academy on site (£2m) , building of a Medical Assessment Unit (£2.2m), purchase of medical equipment (£1.5m) and other sundry projects (£1.3m).

**Financial Matters****Accounting Policies**

There have been no major changes in accounting policies during 2003/04 that affect the Trust's financial performance and reporting.

**Senior Manager's Remuneration**

The Trust must ensure that pay increases for senior management are within set parameters. The recommended limit for pay increase for 2003/04 was 3.225% and this was agreed by the remuneration committee. The average pay rise for all managers in the Trust was 3.225% and is therefore compliant. Further information about pay for senior managers is shown in the summary financial statements included within this Annual report.

The Remuneration Committee of the Trust in 2003/04 was made up of the Non Executive Directors & Chairman of the Trust as detailed in this report.

The term 'Senior Manager' defines a pay scale that begins at just over £20,000p.a. and covers a wide range of administrative support roles and well as service managers.

## Royal United Hospital Bath NHS Trust - Annual Accounts 2003/04

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### **Audit**

The Trust's external auditors are:

PricewaterhouseCoopers LLP  
31 Great George Street  
Bristol  
BS1 4DU

During the year they were paid £156k for services provided.

The Audit Committee of the Trust oversees audit and all related issues. The membership of the committee during 2003/04 comprised:

Mrs. Maura Poole (Non Executive Director) - Chairman of the Audit Committee  
Mr. Richard Weatherhead (Non Executive Director)  
Mr. Thomas Sheppard (Non Executive Director)

### **Annual Accounts**

The Summary Financial Statements contained within this Annual Report are merely a summary of the information in the full accounts which are available on demand by contacting :

Sarah Knight (Head of Corporate Services)  
Royal United Hospital Bath NHS Trust  
Combe Park  
Bath  
BA1 3NG  
Tel:01225-821570

J D P Williams  
Director of Finance  
September 2004

## **STATEMENT ON INTERNAL CONTROL 2003/04**

### **Royal United Hospital Bath**

The Board is accountable for internal control. The Chief Executive of the Board, as Accountable Officer has responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. He also has responsibility for safeguarding the public funds and the organisation's assets for which he is personally responsible as set out in the Accountable Officer Memorandum.

A copy of the statement of internal control is included within the Trust's Annual Accounts and is available by contacting Sarah Knight, Head of Corporate Services.

**DIRECTORS' STATEMENTS****Statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust**

The Secretary of State has directed that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officers' Memorandum issued by the Department of Health.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an accountable officer.

.....  
 ..... Chief Executive  
 21st July 2004

**Statement of Directors' responsibilities in respect of the accounts**

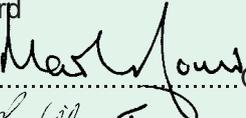
The directors are required under the National Health Services Act 1977 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure of the Trust for that period. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with the requirement outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the accounts.

By order of the Board

.....  
 ..... Chief Executive

.....  
 ..... Finance Director  
 21st July 2004

## **INDEPENDENT AUDITORS' REPORT TO ROYAL UNITED HOSPITAL BATH NHS TRUST ON THE SUMMARY FINANCIAL STATEMENTS**

We have examined the summary financial statements on pages 29 to34.

This report is made solely to the Board of the Royal United Hospital Bath NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 54 of the Statement of Responsibilities of Auditors and of Audited Bodies, prepared by the Audit Commission.

### **Respective responsibilities of directors and auditors**

The directors are responsible for preparing the Annual Report. Our responsibility is to report to you our opinion on the consistency of the summary financial statements with the statutory financial statements. We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statements.

### **Basis of opinion**

We conducted our work in accordance with Bulletin 1999/6 'The auditor's statement on the summary financial statements' issued by the Auditing Practices Board for use in the United Kingdom.

### **Opinion**

In our opinion the summary financial statements are consistent with the statutory financial statements of the trust for the year ended 31 March 2004 on which we have issued an unqualified opinion.

*PricewaterhouseCoopers LLP*

**INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED  
31 March 2004**

	£000	2002/03 £000
<b>Income from activities:</b>		
Continuing operations	133,207	108,233
<b>Other operating income</b>		
Continuing operations	13,819	12,774
<b>Operating expenses:</b>		
Continuing operations	<u>(145,840)</u>	<u>(139,684)</u>
<b>OPERATING SURPLUS (DEFICIT)</b>		
Continuing operations	1,186	(18,677)
Exceptional loss: charitable funds provision	0	(464)
Cost of fundamental reorganisation/restructuring	0	0
Profit (loss) on disposal of fixed assets	<u>(16)</u>	<u>10</u>
<b>SURPLUS (DEFICIT) BEFORE INTEREST</b>	1,170	(19,131)
Interest receivable	167	98
Interest payable	0	(1)
Other finance costs - unwinding of discount	(9)	(18)
Other finance costs - change in discount rate on provisions	<u>0</u>	<u>0</u>
<b>SURPLUS (DEFICIT) FOR THE FINANCIAL YEAR</b>	1,328	(19,052)
Public Dividend Capital dividends payable	<u>(3,296)</u>	<u>(5,732)</u>
<b>RETAINED SURPLUS (DEFICIT) FOR THE YEAR</b>	<u><u>(1,968)</u></u>	<u><u>(24,784)</u></u>

**NOTE TO THE INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED  
31 March 2004**

	<b>£000</b>
Retained deficit for the year	<b>(1,968)</b>
Financial support included in retained deficit for the year	<b>(10,000)</b>
Retained deficit for the year excluding financial support	<b><u>(11,968)</u></b>

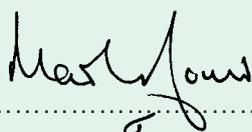
The financial support relates to £7m of income from the NHS Bank as part of a recovery plan agreed with Avon Gloucestershire and Wiltshire Strategic Health Authority, and £3m received from a 'risk-pool' operated by local PCTs.

## Royal United Hospital Bath NHS Trust - Annual Accounts 2003/04

BALANCE SHEET AS AT  
31 March 2004

	£000	31 March 2003 £000
<b>FIXED ASSETS</b>		
Intangible assets	0	0
Tangible assets	140,237	130,938
Investments	0	0
	<u>140,237</u>	<u>130,938</u>
<b>CURRENT ASSETS</b>		
Stocks and work in progress	2,733	2,602
Debtors	8,771	7,206
Investments	0	0
Cash at bank and in hand	30	30
	<u>11,534</u>	<u>9,838</u>
<b>CREDITORS: Amounts falling due within one year</b>	<u>(19,111)</u>	<u>(33,595)</u>
<b>NET CURRENT LIABILITIES</b>	<u>(7,577)</u>	<u>(23,757)</u>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<u>132,660</u>	<u>107,181</u>
<b>CREDITORS: Amounts falling due after more than one year</b>	(125)	0
<b>PROVISIONS FOR LIABILITIES AND CHARGES</b>	(426)	(1,000)
<b>TOTAL ASSETS EMPLOYED</b>	<u><u>132,109</u></u>	<u><u>106,181</u></u>
<b>FINANCED BY:</b>		
<b>TAXPAYERS' EQUITY</b>		
Public dividend capital	146,852	126,035
Revaluation reserve	14,722	8,121
Donated Asset reserve	5,432	4,954
Government grant reserve	0	0
Other reserves	0	0
Income and expenditure reserve	(34,897)	(32,929)
<b>TOTAL TAXPAYERS' EQUITY</b>	<u><u>132,109</u></u>	<u><u>106,181</u></u>

The financial statements within this report were approved by the board on 21st July 2004 and signed on its behalf by



.....Chief Executive

**STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE YEAR  
ENDED  
31 March 2004**

	<b>£000</b>	31 March 2003 £000
Surplus/(deficit) for the financial year before dividend payment	<b>1,328</b>	(19,052)
Fixed asset impairment losses	<b>0</b>	(5,096)
Unrealised surplus on fixed asset revaluations/indexation	<b>6,867</b>	16,707
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	<b>675</b>	786
Reductions in the donated asset and government grant reserve due to the depreciation, impairment and disposal of donated and government grant financed assets	<b>(463)</b>	(425)
Additions/(reductions) in "other reserves"	<u><b>0</b></u>	<u>0</u>
<b>Total recognised gains and losses for the financial year</b>	<b>8,407</b>	(7,080)
Prior period adjustment		
- Pre-95 early retirement	<b>0</b>	(299)
- Other	<b>0</b>	0
<b>Total gains and losses recognised in the financial year</b>	<u><b>8,407</b></u>	<u>(7,379)</u>

**CASH FLOW STATEMENT FOR THE YEAR ENDED  
31 March 2004**

	£000	2002/03 £000
<b>OPERATING ACTIVITIES</b>		
<b>Net cash inflow from operating activities</b>	<b>8,099</b>	<b>(58)</b>
<b>RETURNS ON INVESTMENTS AND SERVICING OF FINANCE</b>		
Interest received	135	98
Interest paid	0	(1)
Interest element of finance leases	0	0
<b>Net cash inflow from returns on investments and servicing of finance</b>	<b>135</b>	<b>97</b>
<b>CAPITAL EXPENDITURE</b>		
Payments to acquire tangible fixed assets	(6,759)	(7,620)
Receipts from sale of tangible fixed assets	4	10
(Payments to acquire)/receipts from sale of intangible assets	0	0
(Payments to acquire)/receipts from sale of fixed asset investments	0	0
<b>Net cash outflow from capital expenditure</b>	<b>(6,755)</b>	<b>(7,610)</b>
<b>DIVIDENDS PAID</b>	<b>(3,296)</b>	<b>(5,732)</b>
<b>Net cash outflow before management of liquid resources and financing</b>	<b>(1,817)</b>	<b>(13,303)</b>
<b>MANAGEMENT OF LIQUID RESOURCES</b>		
Purchase of current asset investments	0	0
Sale of current asset investments	0	0
<b>Net cash inflow (outflow) from management of liquid resources</b>	<b>0</b>	<b>0</b>
<b>Net cash outflow before financing</b>	<b>(1,817)</b>	<b>(13,303)</b>
<b>FINANCING</b>		
Public dividend capital received	20,817	17,796
Public dividend capital repaid (not previously accrued)	0	(16,097)
Public dividend capital repaid (accrued in prior period)	0	0
Loans received	0	19,000
Loans repaid	(19,000)	(7,371)
Other capital receipts	0	0
Capital element of finance lease rental payments	0	0
Cash transferred from/to other NHS bodies	0	0
<b>Net cash inflow from financing</b>	<b>1,817</b>	<b>13,328</b>
<b>Increase in cash</b>	<b>0</b>	<b>25</b>

Salary and Pension entitlements of senior managers 2003/04

Name	Title	Age	Start Date (if in year)	Finish date (if in year)	Salary (1) £000	Other Remuneration (1) £000	Golden hello/compensation for loss of office £000	Benefits in kind £00	Real increase in pension at age 60 £000	Total accrued pension at age 60 at 31 March 2004 £000
Mr. Jan Flichowski (2)	Chief Executive		N/A	31/07/2003	59	-	-	-	-	-
Mr. Mark Daves (9)	Chief Executive	45	03/11/2003	N/A	57	-	-	-	4	36
Mr. Richard Gleave	Chief Executive (3)	40	N/A	31/12/2003	78	-	-	-	1	23
Ms. Jenny Barker	Director of Operations (4)	44	N/A	N/A	85	-	-	-	3	18
Mr. Kevin Hodgkinson	Acting Director of Finance	57	N/A	31/07/2003	18	5	-	-	-	Non-pensionable employment
Ms. Margaret Pratt (5)	Acting Director of Finance	50	01/07/2003	02/04/2004	125	-	-	-	-	Non-pensionable employment
Mr. John Williams (6)	Director of Finance	55	19/04/2004	N/A	-	-	-	-	-	-
Dr. John Waldron	Medical Director	49	N/A	N/A	25	96	-	-	3	25
Ms. Corinne Hall (7)	Director of Nursing	46	N/A	N/A	76	-	-	-	1	3
Ms. Bridgid Musselwhite	Director of Planning	40	01/03/2004	N/A	6	-	-	-	-	11
Mr. Stephen Holt	Director of Facilities	46	N/A	N/A	72	-	-	-	-	consent to disclose withheld
Ms. Paula Friend (8)	Director of Service Renewal		N/A	01/06/2003	14	-	-	-	-	Non-pensionable employment
Mr. Mike Roy	Chairman	64	N/A	N/A	18	-	-	-	-	Non-pensionable employment
Mr. Jonathan Lloyd	Non Executive Director	48	N/A	N/A	5	-	-	-	-	Non-pensionable employment
Mr. Jeff Manning	Non Executive Director	59	N/A	N/A	5	-	-	-	-	Non-pensionable employment
Mrs. Maura Poole	Non Executive Director	44	N/A	N/A	5	-	-	-	-	Non-pensionable employment
Mr. Thomas Sheppard	Non Executive Director	51	N/A	N/A	5	-	-	-	-	Non-pensionable employment
Mrs. Prudence Skene	Non Executive Director	60	N/A	30/04/2003	1	-	-	-	-	Non-pensionable employment
Mr. Richard Weatherhead	Non Executive Director	54	01/05/2003	N/A	4	-	-	-	-	Non-pensionable employment

(1) Salary and Other Remuneration are stated at gross payments (ie inclusive of pension, tax and national insurance costs).  
 (2) Mr. Jan Flichowski was seconded to the Trust from his post at the Medway NHS Trust for the period from the beginning of the financial year until 31 July 2003. The costs shown above represent the recharges of costs made by Medway NHS Trust for this period. A full breakdown of the costs can be found in the accounts of Medway NHS Trust.  
 (3) Mr. Richard Gleave remained employed by the Trust but was on secondment to the Department of Health, until 31/12/2003 when he left the trust and became employed by the Department of Health.  
 (4) During the year Ms Barker held the following posts in the following order: Director of Partnerships and Service Support; Acting Chief Executive; Director of Operations.  
 (5) Ms. Margaret Pratt was employed by the Trust on a short term contract via a third party. The salary cost represents the total cost to the Trust of this contract.  
 (6) Mr. John Williams took up the post of Director of Finance after the end of the financial year. No costs are relevant to the financial year, however his name has been included for completeness as it appears elsewhere in the financial statements.  
 (7) Ms. Corinne Hall was seconded to the Trust from her post with the Hillingdon Hospital NHS Trust until 1 June 2003. Following the end of Ms Hall's secondment she was appointed as the substantive Director of Nursing for the Trust. The costs above represent the costs recharged by the Hillingdon Trust until the beginning of the year until 1 June 2003. The total salary made by Medway NHS Trust for this period. A full breakdown of the costs can be found in the accounts of Medway NHS Trust.  
 (8) Ms. Paula Friend was seconded to the Trust from Medway NHS Trust for the period from the beginning of the year until 1 June 2003. The costs shown above represent the recharges of all costs made by Medway NHS Trust for this period. A full breakdown of the costs can be found in the accounts of Medway NHS Trust.  
 (9) The Chief Executive was appointed through a two day interview process with input from the health community, following a national advertisement for the post.

CHARITABLE TRUST ACCOUNT - ROYAL UNITED HOSPITAL BATH NHS TRUST - 2003/2004

The Royal United Hospital Bath Trust Charitable Funds received income of £942,000 in 2003/04 compared with £1,615,000 in 2002/03.

The majority of this decrease was due mainly to a repayment of unauthorised transfers in previous years being repaid in 2002/03. There was also a decrease in legacies of £150,000 & General Donations of £87,000

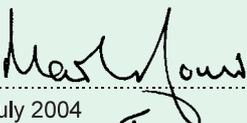
**STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED  
31 MARCH 2004**

	Unrestricted Funds £000	Restricted Funds £000	Endowment Funds £000	<b>Total Funds £000</b>	2002-03 Total Funds £000
<b>Incoming resources</b>					
Donations, Legacies and similar resources					
Donations	147	408	0	<b>555</b>	642
Legacies	28	224	0	<b>252</b>	395
Grants receivable:					
From other NHS bodies	5	11	0	<b>16</b>	0
Other grants receivable	0	0	0	<b>0</b>	0
Total Donations and Legacies	180	643	0	<b>823</b>	1,037
Operating Activities					
Activities for generating funds	0	0	0	<b>0</b>	0
Activities in furtherance of the charity's objectives	2	69	0	<b>71</b>	62
Total Operating Activities	2	69	0	<b>71</b>	62
Investment income	12	36	0	<b>48</b>	52
Other incoming resources	0	0	0	<b>0</b>	464
<b>Total incoming resources</b>	<b>194</b>	<b>748</b>	<b>0</b>	<b>942</b>	<b>1,615</b>
<b>Resources expended</b>					
Costs of generating funds	9	240	0	<b>249</b>	217
Charitable expenditure					
Grants payable					
To other NHS bodies	0	0	0	<b>0</b>	0
Other grants payable	0	0	0	<b>0</b>	0
Activities in furtherance of charity's objectives	153	495	0	<b>648</b>	703
Support costs	0	0	0	<b>0</b>	0
Management and administration	11	32	0	<b>43</b>	44
<b>Total resources expended</b>	<b>173</b>	<b>767</b>	<b>0</b>	<b>940</b>	<b>964</b>
Net incoming/(outgoing) resources before Transfers	21	(19)	0	<b>2</b>	651
Gross transfer between funds	25	(25)	0	<b>0</b>	-
<b>Net incoming/(outgoing) resources</b>	<b>46</b>	<b>(44)</b>	<b>0</b>	<b>2</b>	<b>651</b>
Gains/(losses) on revaluation of own fixed assets	0	0	0	<b>0</b>	0
Gains/(losses) on revaluation and disposal of investment assets	29	69	0	<b>98</b>	(219)
<b>Net movement in funds</b>	<b>75</b>	<b>25</b>	<b>0</b>	<b>100</b>	<b>432</b>
Fund balances brought forward at 31 March 2003	493	1,430	0	<b>1,923</b>	<b>1,491</b>
<b>Fund balances carried forward at 31 March 2004</b>	<b>568</b>	<b>1,455</b>	<b>0</b>	<b>2,023</b>	<b>1,923</b>

## CHARITABLE TRUST ACCOUNT - ROYAL UNITED HOSPITAL BATH NHS TRUST - 2003/2004

**BALANCE SHEET AS AT  
31 March 2004**

	Unrestricted Funds £000	Restricted Funds £000	Endowment Funds £000	<b>Total at 31 March 2004 £000</b>	Total at 31 March 2003 £000
<b>Fixed Assets</b>					
Intangible assets	0	0	0	0	0
Tangible assets	0	0	0	0	0
Inalienable & historic assets	0	0	0	0	0
Investments	272	574	0	846	753
<b>Total Fixed Assets</b>	<b>272</b>	<b>574</b>	<b>0</b>	<b>846</b>	<b>753</b>
<b>Current Assets</b>					
Stocks	0	0	0	0	0
Debtors	0	2	0	2	467
Short term investments and deposits			0	0	0
Cash at bank and in hand	340	992	0	1,332	829
<b>Total Current Assets</b>	<b>340</b>	<b>994</b>	<b>0</b>	<b>1,334</b>	<b>1,296</b>
Creditors: Amounts falling due within one year	44	113	0	157	126
<b>Net Current Assets/(Liabilities)</b>	<b>296</b>	<b>881</b>	<b>0</b>	<b>1,177</b>	<b>1,170</b>
<b>Total Assets less Current Liabilities</b>	<b>568</b>	<b>1,455</b>	<b>0</b>	<b>2,023</b>	<b>1,923</b>
Creditors: Amounts falling due after more than one year	0	0	0	0	0
Provisions for liabilities and charges	0	0	0	0	0
<b>Total Net Assets</b>	<b>568</b>	<b>1,455</b>	<b>0</b>	<b>2,023</b>	<b>1,923</b>
<b>Funds of the Charity</b>					
Capital Funds:					
Endowment Funds	-	-	0	0	0
Income Funds:					
Restricted	-	1,455	-	1,455	1,430
Unrestricted	568	-	-	568	493
<b>Total Funds</b>	<b>568</b>	<b>1,455</b>	<b>0</b>	<b>2,023</b>	<b>1,923</b>


 .....Chief Executive  
 21st July 2004

# Directors' Interests

The trust is required to maintain a register of directorships and other significant interests of all board members and to publish them in the annual report. Below are listed those directors to whom this applies:

## **Chairman Mike Roy**

Governor of City of Bath College  
Member, Bristol Employment Tribunal  
Mental Health Associate, Avon & Wiltshire Partnership.

## **Non-executive director Jeff Manning**

Member of Bath & North East Somerset Council (stood down in May 2003 election).

## **Non-executive director Maura Poole**

Trustee of The Learning Curve – Registered Charity  
Director of Pooled Perspectives Ltd  
Director of Targeteasy Ltd.

## **Non-executive director Prudence Skene** - (Completed term of office on 30 April 2003)

Director of the Ballet Rambert Limited and Rambert Trust  
Director of The Arvon Foundation Limited  
Director of the Theatre Royal Bath Limited  
Trustee of Stephen Spender Memorial Trust.

## **Director of finance Margaret Pratt** – (July 03 – March 04)

Principal, OKRA Consulting Ltd  
Member, Chartered Institute of Public Finance & Accountancy  
Non-Executive Director, South Warwickshire Primary Care Trust  
Non-Executive Director, Standards Board for England  
Governor, University College of Northampton.

The trust board works to the NHS Codes of Conduct and Accountability and the Code of Conduct for NHS Managers.

Royal United Hospital Bath   
NHS Trust

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